

**SHOES
FOR CREWS®**

THE SHOE THAT GRIPS®

\$5,000

WARRANTY

"This is the single **most effective program** to reduce the total cost of workman's compensation."

KURT L.
Vice President of Risk Services,
The Cheesecake Factory,
Calabasas Hills, CA

The
greatest
warranty you
may never
need!

Employees rarely, if ever, slip and fall in our footwear. Should any employee have a slip and fall accident while wearing Shoes For Crews®, we will reimburse your company up to \$5,000 for each workers' compensation claim paid.



250 S. Australian Avenue, West Palm Beach, Florida 33401 • For more information, please call toll free
1.877.NO.SLIPS (1.877.667.5477) • Visit us online at shoesforcrews.com/warranty

Warranty Limitations, Conditions & Exceptions

LIMITED WARRANTY

Shoes For Crews® hereby agrees to reimburse a qualifying Company participating in the Shoes For Crews Payroll Deduction Plan for any direct medical expenses paid by Company relative to injuries sustained by an employee(s) of Company resulting from slip and fall accidents while wearing shoes purchased from Shoes For Crews. Conditions apply.

CONDITIONS & EXCEPTIONS:

1. At the time of the accident, the employee must have been wearing shoes purchased through Shoes For Crews Payroll Deduction Plan within six (6) months prior to the accident date.
2. Accidents occurring due to solid obstacles on the floor, or on ice surfaces, in freezers, coolers, or sub-zero environments are specifically excluded. Acceptable obstacles include, but not limited to: water, grease, liquefied fats, and synthetic lubricants.
3. The maximum individual claim is up to \$5,000, limited to 20% of your year-to-date purchases from SFC during the calendar year of which the accident occurs.
4. Shoes For Crews reimbursement through the Payroll Deduction Plan are for direct medical expenses only. Claims other than direct medical expenses will not be considered for payment including but not limited to expenses due to time lost at work.
5. Shoes For Crews reserves the right to require written verification by the employee confirming any of the above conditions on form(s) provided by Shoes For Crews.
6. The Limited Warranty may be cancelled by Shoes For Crews if the Company is more than sixty (60) days delinquent at any time on any invoice(s) from Shoes For Crews.
7. The Limited Warranty is only effective for slip and falls that occur on a level floor within the Company workplace.
8. CrewGuard® is a shoe covering that does not possess the same fit characteristics as Shoes For Crews footwear; therefore, CrewGuard is excluded from the warranty.
9. Stairs are excluded from coverage in any form within the context of the warranty.
10. Reimbursement request must be submitted sixty (60) days from the accident date. Shoes For Crews will not pay any reimbursements on closed claims.
11. Final claim reimbursements must be made within two (2) years of the accident date. Reimbursements for claims submitted after the two (2) year anniversary date of the accident will be refused.

CLAIMS PROCEDURES

Upon occurrence of any accident covered hereunder, Company must report the same to Shoes For Crews (on form(s) to be provided by Shoes For Crews) which must be received by Shoes For Crews within sixty (60) days of the occurrence of such accident. Failure to so notify company within the stated time period, will result in denial of the claim.

TERMINATION

This Limited Warranty shall automatically be cancelled upon the termination of the employee Payroll Deduction Plan with Shoes For Crews.

VENUE

This Limited Warranty shall be governed by the laws of the State of Florida. The venue for any action arising out of this agreement shall lie in Palm Beach County, Florida.



Shoes For Crews, LLC, a Florida Corp.

Date


Matthew Smith, President

Shoes For Crews® Warranty Claim Instructions

When a manager at one of your facilities informs you that an employee has had a slip and fall accident while wearing Shoes For Crews purchased through Payroll Deduction, please do the following:

- The facility manager, where the accident occurred, must fill out the Shoes For Crews Slip and Fall Accident Report. The form must be completed, signed, notarized and forwarded to the corporate Safety/Risk Manager.
- The corporate Safety/Risk Manager will be required to forward the following forms to Shoes For Crews, within sixty (60) days of the accident date:
 - The Shoes For Crews Slip and Fall Accident Report completed, signed and notarized by the facility manager where the accident occurred
 - A copy of your company's internal Worker's Compensation Claim
- Send a copy of the paid Worker's Compensation Claim to Shoes For Crews, LLC for processing as soon as it is available.
- Shoes For Crews may reimburse up to a **maximum of \$5,000, limited to 20% of the respective company's years-to-date purchases from SFC during the calendar year in which the accident occurred.** Once a copy of the paid Worker's Compensation Claim has been received, reimbursement will be made for direct medical expenses only. (Please see the Limited Warranty for details.)

Please send the completed forms to:

Shoes For Crews, LLC
Attn: Warranty Program Manager
250 South Australian Avenue
West Palm Beach, FL 33401

Note: To qualify for the Shoes For Crews Slip and Fall Warranty, all claims for reimbursement must include employee's name and employee's ID number to verify their purchase of Shoes For Crews.

Not responsible for any typographical errors. Terms of this policy is subject to change.



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Slip & Fall Accident Report

Before me the undersigned notary appeared _____ who after being duly sworn states the following:

Name of Company: _____

Location of Accident: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Claimant Name: _____ Claimant ID Number: _____

Date of Injury: _____ SFC style worn at time of accident: _____ Invoice Number: _____

Incident Description: _____

At the time of the accident, was the claimant wearing Shoes For Crews® purchased within six (6) months prior to the date of the accident through your Company's Payroll Deduction Plan? Yes No

Please Check one of the following as the cause of the accident:

- Claimant slipped on food particles or some other object that was left on the floor
- Claimant slipped on ice or while working in the freezer, cooler or sub-zero environment
- Claimant slipped while wearing Shoes For Crews in his/her workplace and not because of option 1 or 2

The undersigned has personal knowledge of the information obtained herein. I hereby certify the above information to be true and correct with the full knowledge of the applicable law regarding sworn affidavits, certificates and the penalties and liabilities resulting from false statements and misrepresentations.

Manager's Name: _____ Work Phone: _____

Manager's Signature: _____ Title: _____

State: _____ County: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by

_____, who is personally known to me or who has produced

_____ as identification who did/did not take an oath.

Signature: _____ Print Name: _____

Notary Public State of _____ at large. My commission expires _____

Office Use Only

Claim Number _____ Approved Denied _____

IMPORTANT: THIS FORM MUST BE NOTARIZED